

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

192

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 16 PM 1:41

DOCUMENT # L04000061107

1. Entity Name

ROD LAMPHIER FRAMING, L.L.C.



Principal Place of Business

15 MORGAN STREET
AUBURNDAL FL 33823

Mailing Address

15 MORGAN STREET
AUBURNDAL FL 33823



2. Principal Place of Business

132 EAGLE POINT

Suite, Apt. #, etc.

3. Mailing Address

132 EAGLE POINT

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (5/05)

City & State

AUBURNDAL FLORIDA

City & State

AUBURNDAL FL

Zip

33823

Country

POLK

Zip

33823

Country

POLK

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMPHIER, RODNEY
15 MORGAN STREET
AUBURNDAL FL 33823

7. Name and Address of New Registered Agent

Name LAMPHIER RODNEY
Street Address (P.O. Box Number is Not Acceptable)

132 EAGLE POINT
City AUBURNDAL FL Zip Code 33823

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rodney Lamphier

(NOTE: Registered Agent signature required when reinstating)

8-24-05

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LAMPHIER, RODNEY
STREET ADDRESS 15 MORGAN STREET
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE MGRM ☐ Delete
NAME COOK, JAMES
STREET ADDRESS 1811 26ST N.W.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 800060499878
STREET ADDRESS 10/11/05--01048--018 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

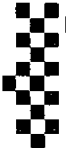
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Rodney Lamphier

REINSTATEMENT 2005
cut



Nov 14 05 03:27p

SCOTT REYNOLDS CONST. INC 8635519547

P.1
2062

SECOND TIME FAXED

FIRST FAX 10-02-05

RE-SUBMITTED 11-14-05

ATTN: BRENDA

I RODNEY LAMPHIER
AM WRITING TO
VERIFY THAT I DID
NOT RECIEVE MY
2005 ANNUAL REPORT
PAPERWORK IN TIME.

I HAVE CALL THE OFFICE
OF DISSOLUTION TO TAKE
CARE OF THIS MATTER.
THANK YOU

BRENDA,
THANK YOU
FOR YOUR
HELP

SINCERELY
ROD LAMPHIER
Rod Lamphier